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SEC 1972 (6/99) Potential persons who are to respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB control number.

ATTENTION

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption state exemption unless such exemption is predicated on the filing of a federal notice.



OMB APPROVAL
OMB Number: 3235-0076
Expires: April 30, 2008
Estimated average burden
hours per response... 16.00

UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

FORM D

PROCESSED

DEC 2 1 2005

THOMSON
FINANCIAL

NOTICE OF SALE OF SECURITIES
PURSUANT TO REGULATION D,
SECTION 4(6), AND/OR
UNIFORM LIMITED OFFERING EXEMPTION

SEC USE ONLY										
Prefix	Serial									
DATE R	ECEIVED									

DEC 1 4 2	005									
% . €.										

Name of Offering (check if this is an amendment and name has changed, and indicate change.)

Trend Integration, LLC - Limited Liability Company Units

Filing Under (Check box(es) that apply): [] Rule 504 [] Rule 505 [X] Rule 506 [] Section 4(6) [] ULOE Type of Filing: [X] New Filing [] Amendment

A. BASIC IDENTIFICATION DATA

1. Enter the information requested about the issuer

Name of Issuer (check if this is an amendment and name has changed, and indicate change.)

Trend Integration, LLC

Address of Executive Offices (Number and Street, City, State, Zip Code)

1 Mall Drive, Suite 615, Cherry Hill, NJ 08002

Telephone Number (Including Area Code) (856) 414-9555

Address of Principal Business Operations (Number and Street, City, State, Zip Code) Telephone Number (Including Area Code)(if different from Executive Offices)
same as above

1m

Brief Description of Business provision of technology solutions to local and national companies
Time of Business Ornanisation
Type of Business Organization [] corporation [] limited partnership, already formed [X] other (please specify): limited liability company [] business trust [] limited partnership, to be formed
Month Year
Actual or Estimated Date of Incorporation or Organization: [0]4] [2]0]0]2] [X] Actual [] Estimated Jurisdiction of Incorporation or Organization: (Enter two-letter U.S. Postal Service abbreviation for State:
CN for Canada; FN for other foreign jurisdiction) [N] [J] GENERAL INSTRUCTIONS
Federal: Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C. 77d(6).
When to File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the date on which it is due, on the date it was mailed by United States registered or certified mail to that address. Where to File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549. Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of manually signed copy or bear typed or printed signatures.
Information Required: A new filling must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the Appendix need not be filed with the SEC. Filling Fee: There is no federal filling fee. State:
This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix in the notice constitutes a part of this notice and must be completed.
Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not res in a loss of an available state exemption unless such exemption is predicated on the filing of a federal notice. Potential persons who are to respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB control number
A. BASIC IDENTIFICATION DATA
 2. Enter the information requested for the following: Each promoter of the issuer, if the issuer has been organized within the past five years; Each beneficial owner having the power to vote or dispose, or direct the vote or disposition of, 10% or more of a class of equity securities of the issuer; Each executive officer and director of corporate issuers and of corporate general and managing partners of partnership issuers; and Each general and managing partner of partnership issuers.
Check Box(es) that Apply: [X] Promoter [X] Beneficial Owner [] Executive Officer [X*] Director [] General and/or * Manager Managing Partner
Full Name (Last name first, if individual) Interactive Communication Services, LLC
Business or Residence Address (Number and Street, City, State, Zip Code) 590 S. Lenola Road, Maple Shade, NJ 08052
Check Box(es) that Apply: [X] Promoter [X] Beneficial Owner [X] Executive Officer [X*] Director [] General and/or * Manager Managing Partner
Full Name (Last name first, if individual) Cohen, Hal M.
Business or Residence Address (Number and Street, City, State, Zip Code) 12 Blossom Court, Cherry Hill, NJ 08003

Check Box(es) that Apply:	[X*] Promoter	[X*] Beneficial Owner	[X] Executive Officer	[] Director	[] General and/or Managing Partner
Full Name (Last name first, Farber, Michael A.	* Mr. Far	ber is, by virtue of being ter and indirect beneficia		ractive Commun	ication Services, LLC,
Business or Residence Add 590 S. Lenola Road, Maple			p Code)		
Check Box(es) that Apply:		[] Beneficial Owner	[] Executive Officer	[] Director	[] General and/or Managing Partner
Full Name (Last name first,	if individual)				
Business or Residence Add	dress (Number	and Street, City, State, Zi	p Code)		
Check Box(es) that Apply:	[] Promoter	[] Beneficial Owner	[] Executive Officer	[] Director	[] General and/or Managing Partner
Full Name (Last name first,	if individual)				
Business or Residence Add	dress (Number	and Street, City, State, Zi	p Code)		
Check Box(es) that Apply:	[] Promoter	Beneficial Owner	[] Executive Officer	[] Director	[] General and/or Managing Partner
Full Name (Last name first,	if individual)				
Business or Residence Add	dress (Number	and Street, City, State, Zi	p Code)	·	
Check Box(es) that Apply:	[] Promoter	[] Beneficial Owner	[] Executive Officer	[] Director	[] General and/or Managing Partner
Full Name (Last name first,	if individual)				
Business or Residence Add	dress (Number	and Street, City, State, Zi	p Code)		
Check Box(es) that Apply:	[] Promoter	[] Beneficial Owner	[] Executive Officer	[] Director	[] General and/or Managing Partner
Full Name (Last name first,	if individual)				
Business or Residence Add	dress (Number	and Street, City, State, Zi	p Code)		
Check Box(es) that Apply:	[] Promoter	[] Beneficial Owner	[] Executive Officer	[] Director	[] General and/or Managing Partner
Full Name (Last name first,	if individual)				
Business or Residence Add	dress (Number	and Street, City, State, Zi	p Code)		

(Use blank sheet, or copy and use additional copies of this sheet, as necessary.)

						B. INFOR	RMATION	ABOUT	OFFER	NG				
1. Has	the issu	er sold, c	or does t	he issue	r intend t	o sell, to	non-acc	redited i	nvestors	s in this c	offering?		Yes	No
					Answer	also in Ar	nnendiy (Column 2	if filing u	nder ULOI	=		[]	[X]
2. What	t is the n	ninimum	investm	ent that									\$ Nor	ninimum
										•••••			Yes	No
similar associa dealer. for that	remune ited pers If more broker	ration fo son or ag than five or dealer	r solicita gent of a (5) pers	tion of p broker o ons to be	urchaser r dealer	rs in con registere	nection ved with the	with sale ne SEC a	s of secund/or with	urities in th a state	the offer or state	ing. If a s s, list the	person t e name	[] commission or co be listed is a of the broker or the informatio
Pugino	00 OF B0	oidonas	Addroop	Alumbo	r and St	oot City	State 7	'in Codo						
Busine	ss or Re	sidence	Address	(Numbe	r and Str	eet, City	, State, Z	ip Code;	•					
Name o	of Assoc	iated Bro	oker or D	ealer			-							
States	in Which	Person	Listed H	las Solic	ited or In	tends to	Solicit F	urchase	rs	-				
				ividual S						[] All	l States			
[AL]	[AK]	[AZ]	[AR]	[CA]	[CO]	[CT]	[DE]	[DC]	[FL]	[GA]	[HI]	[ID]		
[IL] [MT]	[IN] [NE]	[IA] [NV]	[KS] [NH]	[KY]	[LA] [NM]	[ME] [NY]	[MD] [NC]	[MA] [ND]	[MI] [OH]	[MN] [OK]	[MS] [OR]	[MO] [PA]		
[RI]	[SC]	[SD]	[NT]	[XX]	[UT]	[VT]	[VA]	[AW]	[WV]	[WI]	[WY]	[PR]		
Fuil Na	me (Las	t name fi	rst, if inc	dividual)										
Busine	ss or Re	sidence	Address	(Numbe	r and Str	reet, City	, State, Z	(ip Code)	·			· · · · · · · · · · · · · · · · · · ·		
Name o	of Assoc	iated Bro	oker or D	ealer				·			•			
				las Solic										
(Check [AL]	"All Sta [AK]	tes" or c [AZ]	heck ind	lividual S [CA]	states) [CO]	[CT]	[DE]	[DC]	[FL]	[GA]	States [HI]	[iD]		
[IL]	[IN]	[A2]	[KS]	[KY]	[LA]	[ME]	[MD]	[MA]	[MI]	[MN]	[MS]	[MO]		
[MT]	[NE]	[NV]	[NH]	[NJ]	[NM]	[NY]	[NC]	[ND]	[OH]	[OK]	[OR]	[PA]		
[RI]	[SC]	[SD]	[NT]	[ТХ]	[UT]	[VT]	[VA]	[WA]	[wv]	[WI]	[WY]	[PR]		
Full Na	me (Las	t name fi	rst, if inc	dividual)										
Busine	ss or Re	sidence	Address	(Numbe	r and Sti	reet, City	, State, Z	ip Code)			····		
Name o	f Assoc	iated Bro	oker or D	ealer)										
				las Solic				Purchase	rs	7 7 81	l Statas		<u></u>	
(Check	"All Sta [AK]	tes" or c [AZ]	heck ind	lividual S [CA]	itates) [CO]	[CT]	[DE]	[DC]	[FL]	[GA]	I States [HI]	[ID]		
[IL]	[IN]	[A2]	[KS]	[KY]	[LA]	[ME]	[MD]	[MA]	[M]	[MM]	[MS]	[MO]		
[MT]	[NE]	[NV]	[HN]	[NJ]	[MM]	[NY]	[NC]	[ND]	[OH]	[OK]	[OR]	[PA]		
[RI]	[SC]	[SD]	[TN]	[TX]	[UT]	[VT]	[VA]	[WA]	[WV]	[WI]	[WY]	[PR]		

(Use blank sheet, or copy and use additional copies of this sheet, as necessary.)

1. Enter the aggregate offering price of securities included in this offering "none" or "zero." If the transaction is an exchange offering, check this bo		
securities offered for exchange and already exchanged.		
Type of Security	Aggregate Offering Price	Amount Already Sold
Debt	\$ 0	\$ 0
Equity[] Common [] Preferred	\$0 \$0	\$0_ \$0
Convertible Securities (including warrants) Partnership Interests	\$0 \$0	\$0 \$0
Other (Specify: Limited Liability Company Units and warrants to purchase Limited Liability Company Units	\$750,000	\$0
Total	\$750,000	\$0
Answer also in Appendix, Column 3, if filing under ULOE.		
2. Enter the number of accredited and non-accredited investors who have dollar amounts of their purchases. For offerings under Rule 504, indicate the aggregate dollar amount of their purchases on the total lines. Enter "0	the number of persons	who have purchased securities and
Accredited Investors	0 n/a	\$0
Non-accredited Investors	n/a	\$n/a
Total (for filings under Rule 504 only)		>
3. If this filing is for an offering under Rule 504 or 505, enter the information offerings of the types indicated, the twelve (12) months prior to the first solisted in Part C-Question 1.	ale of securities in this o	offering. Classify securities by type Dollar Amount Sold
Type of offering	Type of Security	Solu
Rule 505		\$
Regulation A		\$
Rule 504		\$
Total		\$
4. a. Furnish a statement of all expenses in connection with the issuance amounts relating solely to organization expenses of the issuer. The informamount of an expenditure is not known, furnish an estimate and check the Transfer Agent's Fees	nation may be given as e box to the left of the ending and the left of the lef	subject to future contingencies. If the stimate. \$ \$
Legal Fees, blue sky fees, duplicating costs, mailing costs and misc	. expenses [X]	\$50,000
Accounting Fees	[]	\$
Engineering Fees		\$
Sales Commissions (specify finders' fees separately)		\$
Other Expenses (identify)	[X]	\$ \$50,000
b. Enter the difference between the aggregate offering price given in resp Question 1 and total expenses furnished in response to Part C - Question is the "adjusted gross proceeds to the issuer."	4.a. This difference	\$700,000 <u></u>

5. Indicate below the amount of the adjusted gross proceeds to the issuer used or proposed to be used for each of the purposes shown. If the amount for any purpose is not known, furnish an estimate and check the box to the left of the estimate. The total of the payments listed must equal the adjusted gross proceeds to the issuer set forth in response to Part C - Question 4.b above.

		Of Di	nents to ficers, irectors, & P filiates	ayments To Others
Salaries and fees Purchase of real estate Purchase, rental or leasing and installation of ma		[]\$ []\$	[]\$_ []\$_	
and equipment	ilities lue of ay be used in	[]\$ []\$	[]\$_	
pursuant to a merger) Repayment of indebtedness Working capital Other (specify):	······································	[]\$ []\$ []\$	[1\$_ [X]\$	
Column Totals		[]\$		700,000
Total Payments Listed (column totals added) The issuer has duly caused this notice to be signed the following signature constitutes an undertaking written request of its staff, the information furnish 502.	D. FEDERAL SIGNED BY The United States of the Unite	GNATURE ed duly authorized prinish to the U.S. Sec	curities and Exch	nange Commission, upon
Issuer (Print or Type) Trend Integration, LLC	Signature	and Janley		Date 11/15/05
Name of Signer (Print or Type) Michael A. Farber	Title of Signer (Print President	or Type)	, , , , , , , , , , , , , , , , , , ,	
Issuer (Print or Type) Trend Integration, LLC	Signature / W	ref		i
Name of Signer (Print or Type) Hal M. Cohen	Title of Signer (Print CEO	d r Type)		

ATTENTION

Intentional misstatements or omissions of fact constitute federal criminal violations. (See 18 U.S.C. 1001.)

E. STATE SIGNATURE		
1. Is any party described in 17 CFR 230.262 presently subject to any of the disqualification provisions	Yes	No
of such rule?	[]	[X]

See Appendix, Column 5, for state response.

- 2. The undersigned issuer hereby undertakes to furnish to any state administrator of any state in which this notice is filed, a notice on Form D (17 CFR 239,500) at such times as required by state law.
- 3. The undersigned issuer hereby undertakes to furnish to the state administrators, upon written request, information furnished by the issuer to offerees.
- 4. The undersigned issuer represents that the issuer is familiar with the conditions that must be satisfied to be entitled to the Uniform limited Offering Exemption (ULOE) of the state in which this notice is filed and understands that the issuer claiming the availability of this exemption has the burden of establishing that these conditions have been satisfied.

The issuer has read this notification and knows the contents to be true and has duly caused this notice to be signed on its behalf by the undersigned duly authorized person.

Issuer (Print or Type)	Signature	Date
Trend Integration, LLC	Michael	11/15/05
Name of Signer (Print or Type)	Title of Signer (Print or Type)	
Michael A. Farber	President	
Issuer (Print or Type)	Signature/	
Trend Integration, LLC	tel bluss	
		!
Name of Signer (Print or Type)	Title of Signer (Print or Type)	
Hal M. Cohen	CEO	

Instruction:

Print the name and title of the signing representative under his signature for the state portion of this form. One copy of every notice on Form D must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

APPENDIX

1	Intend to sell to non- accredited investors in State (Part B-Item 1) 3 Type of security and aggregate offering price offered in state (Part C-Item 1)			Type of investor and amount purchased in State (Part C-Item 2)					5 Disqualification under State ULOE (if yes, attach explanation of waiver granted)		
State*	Yes	No	Limited Liability Company Units	Number of Accredited Investors	Amount	Number of Non- Accredited Investors	Amount	Yes	No		
AL							Amount	163	140		
AK		 							 		
AZ											
AR		 -							 		
CA		x	entire amount of offering			-0-	-0-		x		
CO											
СТ											
DE											
DC											
FL									1		
GA											
HI											
ID											
IL											
IN											
IA											
KS											
KY											
LA							· · · · · · · · · · · · · · · · · · ·				
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MD											
MA					, , , , , , , , , , , , , , , , , , ,						
MI									<u> </u>		
MN											
MS											
MO									1		

^{*} Issuer may offer its securities in jurisdictions other than those indicated in this Appendix.

1	accredite in State (sell to non- d investors Part B-Item 1)	3 Type of security and aggregate offering price offered in state (Part C-Item 1)	Type of investor and amount purchased in State (Part C-Item 2)					5 Disqualification under State ULOE (if yes, attach explanation of waiver granted)		
			Limited Liability Company Units	Number of Accredited Investors	_	Number of Non- Accredited Investors					
State*	Yes	No			Amount		Amount	Yes	No		
MT											
NE				-							
NV		<u> </u>						<u> </u>			
ИН											
NJ											
NM							·				
NY		x	not more than \$499,999			-0-	-0-		Х		
NC											
ND											
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ок				7-7-							
OR					· · · · · · · · · · · · · · · · · · ·			 			
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^{*} Issuer may offer its securities in jurisdictions other than those indicated in this Appendix.